



North Carolina Department of Administration

Beverly Eaves Perdue, Governor
Moses Carey, Secretary

Youth Advocacy and Involvement Office
Stephanie Nantz, Executive Director

September 1, 2010

Dear SADD Members:

Our 28th SADD Conference will be November 19-21, 2010, at the Sheraton Raleigh Hotel, 421 S Salisbury St. Raleigh, N.C. Please register early as space is limited and registrations will be accepted on a first come, first served basis. We are pleased to offer scholarships to subsidize the registrations of the *first 200 registrants*, after which registrations will be accepted at the regular rate as stated on the registration form.

Conference registration is 3:00 - 6:00 p.m. on Friday. The conference concludes at or before noon on Sunday. The registration deadline is October 25, 2010. Any registrations accepted after this date will be charged a late fee. Your registration fee provides you with:

Two (2) nights hotel accommodations
Friday night pizza
Full buffet breakfast Saturday and Sunday
Saturday lunch
Saturday night banquet

Program training
All conference workshops and materials
Conference T-shirt
Conference bag

Registrations cannot be processed unless accompanied by the registration fee *and* completed forms. Student registrations *must* include all forms *completed front and back, signed and notarized as required*. Enclosed is a registration packet containing the following forms that may be duplicated as needed:

- (1) Registration Form (*one completed form for each chapter*)
- (2) Rules of Conduct (*signed by student and parent*)
- (3) Consent to Health Care (*signed by parent and notarized*)
- (4) Liability Release Form (*signed by **all** participants*)
- (5) Photographic, Video and Audio Consent and Release Form (*signed by **all** participants*)

Forms may also be downloaded from the internet at: www.ncyao.com

All students must be chaperoned. Chapters are encouraged to bring their scrapbooks and other project information or displays to exhibit at the conference. **Please copy this letter for students to share with their parents.**

Thank you for your continued support and commitment combating destructive decisions among youth. We look forward to seeing you November 19-21, 2010 for an educational and fun filled experience.

Sincerely,

Harriett M. Southerland
SADD State Coordinator

Creating a better tomorrow by making Children and Youth our priority today



Mailing Address:
1319 Mail Service Center
Raleigh, NC 27699-1319

Location:
116 W Jones St.
Ste. 2055
Raleigh, NC 27603

Phone: 919.807-4400
Fax: 919.807-4415
State Courier: #51-01-08
www.ncyao.com

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28th NC SADD Leadership Conference

November 19-21, 2010

Sheraton Raleigh Hotel • 421 S Salisbury Street • Raleigh, N.C. • (919) 834-9900

AUTHORIZATION and CONSENT to HEALTH CARE

Complete and return with the registration form. This form must be notarized and signed by parent.

I, _____, of _____ County, am the custodial parent having legal custody of _____, a minor child, age _____, born _____, 19____. I authorize the Youth Advocacy and Involvement Office staff, in whose care the minor child has been entrusted, located at 116 W Jones St., Ste. 2055, Raleigh, N.C., to do any acts which may be necessary or proper to provide for the health care of the minor child or me, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person whose services may be needed for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective from the date of execution to and including November 19-21, 2010.

By signing here, I indicate that I have the understanding and capacity to communicate health care decisions and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the agent named herein.

Please indicate below any need that requires special arrangements/accommodations (e.g., allergies or other conditions).

Health Insurance Company or Government Insurance Program

Policy# or Membership#

Custodial Parent Date (SEAL)

Uninsured: I accept personal responsibility for all medical expenses incurred by my child at the SADD Conference.

Custodial Parent Date (SEAL)

STATE OF NORTH CAROLINA

COUNTY of _____

On this ____ day of _____, 2010, personally appeared before me the person named, _____, and known to me to be the person described in and who executed the same and, being duly sworn by me, made oath that the statements in the foregoing instrument are true.

Notary Public My Commission Expires _____

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LIABILITY RELEASE FORM

(Must be completed by all participants)

We (I), the undersigned, hereby release and agree to hold harmless the State of North Carolina and its employees, agents and officers from any and all claims, including those of our (my) heirs or assigns which may arise from any action or failure to act by any employee, officer, or agent of the State of North Carolina in connection with the participation of our (my) child (Name)_____ at the NC SADD Conference.

We (I), the undersigned, have read the foregoing and sign it of our (my) own free will.

This the _____ day of _____, 2010

Parent or Legal Guardian's Signature

Address

Phone #

Adult Participant's Signature

PHOTOGRAPHIC, VIDEO AND AUDIO CONSENT AND RELEASE FORM

(Must be completed by all participants)

I understand that photographs may be taken of me during the conference. I give North Carolina Students Against Destructive Decisions and the Youth Advocacy and Involvement Office permission to take photographs of me and to use these images or likenesses for educational and promotional purposes. I further consent that my name and identity, school and city or county of residence may be revealed by descriptive text or commentary. Neither individual addresses nor telephone numbers will be published within these materials.

I do hereby give North Carolina Students Against Destructive Decisions and the Youth Advocacy and Involvement Office the right to exhibit any such works publicly or privately, including posting on the agency website. I waive any right, claims or interest I may have to control the use of my identity or likeness in the photographs, video or audio and agree that any uses described herein may be made without compensation or additional consideration to me.

I represent that I have read and understand the foregoing statement and I am competent to execute this agreement.

Name **(print)** _____

Adult Participant's Signature _____ Date _____

If participant is under the age of 18, consent of the parent or legal guardian must be given.

Parent/Guardian name **(print)** _____

Signature _____ Date _____

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RULES OF CONDUCT

Participant and parent must sign this form.

WHEREAS, the Code of Ethics prohibits possession and/or use of alcoholic beverages and illegal drugs, or remaining in the presence of individuals who are using or taking illegal drugs; and

WHEREAS, sexual contact at any event or activity occurring within the time frame for the conference is prohibited; and

WHEREAS, any behavior that violates any of the laws of the United States or the State of North Carolina or any local ordinance is also prohibited; and

WHEREAS, the attendance and punctuality of scheduled workshops of the NC SADD Conference is considered mandatory by all participants; and

WHEREAS, the Code of Ethics demands that all participants conduct themselves in a manner representative of the Students Against Destructive Decisions program, including showing respect for the property of others and the facility in which the NC SADD Conference is held;

THEREFORE, I (*Print participant's name.*) _____, agree to abide by all of the rules of the Code of Ethics and am aware that any infraction of the Code will result in my parent(s) being notified. In the event, that it is determined that I have violated the Code, I may be sent home. The responsibility for making this determination is vested in the Director of the Youth Advocacy and Involvement Office or his/her designee.

This the _____ day of _____, 2010

Participant's Signature

Parent's Signature